

A / Reissue

REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 211836US-2-SRD RE
First Named Inventor Yasuo OHBA
Original Patent Number 5,929,466
Original Patent Issue Date July 27, 1999
Title SEMICONDUCTOR DEVICE AND METHOD OF FABRICATING THE SAME

36976 U.S. PTO
09/15/2001

07/27/01

APPLICATION FOR REISSUE OF:

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS

1. ☒ Fee Transmittal Form
(Submit an original and a duplicate for fee processing)
2. ☒ Specification and claims
3. ☒ Formal Drawing(s)
4. ☐ Reissue Oath or Declaration
5. ☐ Original U.S. Patent
☐ Offer to surrender original patent
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss
6. ☐ Original U.S. Patent currently assigned?
☒ Yes ☐ No
If yes, check applicable boxes
☒ Written Consent of all Assignees
☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. ☒ Foreign Priority Claim (35 U.S.C. 119)
9. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
10. ☐ English Translation of Reissue Oath/Declaration
11. ☐ Applicant claims small entity status. See 37 CFR 1.27.
12. ☐ Preliminary Amendment
13. ☒ White Advance Serial No. Postcard
Request for Priority
14. ☒ Other: Terminal Disclaimer from parent case, serial number 08/874,299, filed on June 13, 1997

15. CORRESPONDENCE ADDRESS

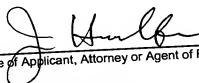
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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number 211836US-2-SRD RE	
Claims as filed - Part 1						
Claims in Original Patent	For	Number Filed in Reissue Application	Number Extra	Rate	Fee	
10	Total Claims	44	24	x \$18	=	\$432.00
2	Independent	6	4	x \$80	=	\$320.00
Basic Fee (37 CFR 1.16(h))						\$710.00
Late Filing of Declaration						\$130.00
Total of above calculations						\$710.00
<input type="checkbox"/> Reduction by 50% for filing by small entity						\$0.00
Total Filing Fee						\$1,592.00

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- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$1,592.00 to cover the filing/additional fee is enclosed.

7-27-01
Date


Signature of Applicant, Attorney or Agent of Record

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